

Application Data Sheet

Application Information

Application number::
Filing Date:: 03/09/04
Application Type:: Regular
Subject Matter:: Utility
Title:: APPARATUS AND METHODS FOR MAPPING
OUT ENDOLUMINAL GASTROINTESTINAL
SURGERY

Attorney Docket Number:: 021496-000600US
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 8
Small Entity?: Yes
Petition included?: No
Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: KENNETH
Middle Name:: J.
Family Name:: MICHLITSCH
City of Residence:: Livermore
State or Province of Residence:: CA
Street of Mailing Address:: 822 South M Street
City of Mailing Address:: Livermore
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94550

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: VAHID
Family Name:: SAADAT
City of Residence:: Saratoga
State or Province of Residence:: CA
Street of Mailing Address:: 12679 Kane Drive
City of Mailing Address:: Saratoga
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: RODNEY
Family Name:: BRENNEMAN
City of Residence:: San Juan Capistrano
State or Province of Residence:: CA
Street of Mailing Address:: 34002 Las Palmas Del Mar
City of Mailing Address:: San Juan Capistrano
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92675

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: TRACY
Family Name:: MAAHS
City of Residence:: Rancho Santa Margarita
State or Province of Residence:: CA
Street of Mailing Address:: 11 Paseo Simpatico
City of Mailing Address:: Rancho Santa Margarita
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92688

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Assignee Information

Assignee Name:: USGI MEDICAL CORP.
Street of mailing address:: 1140 Calle Cordillera
Suite A
City of mailing address:: San Clemente
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92673